

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

1 Name of organization <u>Andy Gardiner for State Representative</u>		Employer identification number <u>applied for</u>
2 Mailing address (P.O. Box or number, street, and room or suite number) <u>P.O. Box 560366</u>		<u>59-3661169</u>
City or town, state, and ZIP code <u>Orlando, FL 32856</u>		
3 E-mail address of organization <u>andygardiner2000@vol.com</u>		
4a Name of custodian of records <u>Andy Gardiner</u>	4b Custodian's address <u>P.O. Box 560366</u> <u>Orlando, FL 32856</u>	
5a Name of contact person <u>Andy Gardiner</u>	5b Contact person's address <u>P.O. Box 560366</u> <u>Orlando, FL 32856</u>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <u>1817 Antilles Place</u>		
City or town, state, and ZIP code <u>Orlando, FL 32806</u>		

Part II Purpose

7 Describe the purpose of the organization
Running for State House

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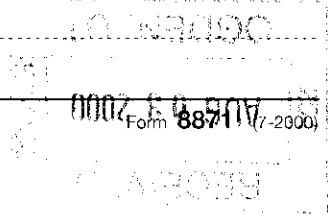
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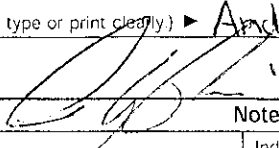
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Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



Form SS-4 (Rev. April 2000) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) ► Keep a copy for your records.	EIN OMB No. 1545-0003														
Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Andy Gardiner for State Representative															
	2 Trade name of business (if different from name on line 1)															
	3 Executor, trustee, "care of" name															
	4a Mailing address (street address) (room, apt., or suite no.) 1817 Antilles Place															
	5a Business address (if different from address on lines 4a and 4b)															
	4b City, state, and ZIP code Orlando, FL 32806															
	5b City, state, and ZIP code															
6 County and state where principal business is located Orange County Florida																
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Andrew Gardiner 267-21-9561																
8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a. <table><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator (SSN)</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> Other corporation (specify) ►</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ►</td><td>(enter GEN if applicable)</td></tr><tr><td colspan="2"><input checked="" type="checkbox"/> Other (specify) ► Political</td></tr></table>			<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►	<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)	<input checked="" type="checkbox"/> Other (specify) ► Political	
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8b If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country																
9 Reason for applying (Check only one box.) (see instructions) <table><tr><td><input type="checkbox"/> Started new business (specify type) ►</td><td><input type="checkbox"/> Banking purpose (specify purpose) ►</td></tr><tr><td><input type="checkbox"/> Hired employees (Check the box and see line 12.)</td><td><input type="checkbox"/> Changed type of organization (specify new type) ►</td></tr><tr><td><input type="checkbox"/> Created a pension plan (specify type) ►</td><td><input type="checkbox"/> Purchased going business</td></tr><tr><td></td><td><input type="checkbox"/> Created a trust (specify type) ►</td></tr><tr><td colspan="2"><input checked="" type="checkbox"/> Other (specify) ► Political Campaign</td></tr></table>			<input type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Banking purpose (specify purpose) ►	<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►	<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business		<input type="checkbox"/> Created a trust (specify type) ►	<input checked="" type="checkbox"/> Other (specify) ► Political Campaign					
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10 Date business started or acquired (month, day, year) (see instructions)		11 Closing month of accounting year (see instructions) December														
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ►																
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ► <table><tr><td>Nonagricultural</td><td>Agricultural</td><td>Household</td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></table>			Nonagricultural	Agricultural	Household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
Nonagricultural	Agricultural	Household														
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														
14 Principal activity (see instructions) ► Political Campaign																
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►																
16 To whom are most of the products or services sold? Please check one box. <table><tr><td><input type="checkbox"/> Public (retail)</td><td><input type="checkbox"/> Business (wholesale)</td></tr><tr><td><input type="checkbox"/> Other (specify) ►</td><td><input checked="" type="checkbox"/> N/A</td></tr></table>			<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> Other (specify) ►	<input checked="" type="checkbox"/> N/A										
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<input type="checkbox"/> Other (specify) ►	<input checked="" type="checkbox"/> N/A															
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.																
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►																
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN																
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Business telephone number (include area code) (407) 895-3831 Fax telephone number (include area code) (407) 896-6479														
Name and title (Please type or print clearly) ► Andy Gardiner Candidate																
Signature ► 		Date ► 7/31/00														
Note: Do not write below this line. For official use only.																
Please leave blank ►	Geo.	Ind.														
		Class														
		Size														
		Reason for applying														

TRANSACTION REPORT

P. 01

JUL-31-2000 MON 01:11 PM

FOR: FDN ORLANDO

407 835 0309

DATE	START	RECEIVER	TX TIME	PAGES	TYPE	NOTE	M#	DP
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